MAR-20-2001 12:07 DTSC HW GENERATOR INFO
Prease print or type with ELITE type (12 characters per Inch) in the unshaded areas only

916 323 1923 P.02/03 GSA No. 0246-EFA-07

Please refer to the Instructions for Filling Notification before completing this form. The information requested hereis required by leve (Section 2019 of the Resource Conservation and Recovery Act).

## Notification of Regulated Waste Activity

Pate Received F (For Official Use Only) MAR 2 7 2001

&

United States Environmental Protection Agency

L In	eta	وإبدا	n'a l	EPA	ID N	umb	er (i	Harte	'X' l	n the	epp	ropri	ato b	max)	\$	1/2													
	1	LFI	et N	oth	ostic	MT.	1)	7					ille CJ				~	<b>A</b>	7	Ø	latic	7 2	PAI	D PA	unde []	3	Б	2	
IL N	معط	of	inst	Hart	lon://	on. Inclu	de c	ОПИ	A SANGER	'					r despe		با	M	V	ש		J	<u> </u>	Ŏ					*
Ë	n	+	h	T	n	2	T	1	n	6			T									7		T	ì			T	
ue.i	.00	do			_	) TO	Tiye	العا	dir	18 <b>5</b> //	ot P.	O: B	or o	. Ace		غبنا		<b>&gt;</b>		<u> </u>			Ì						
Str	- <b>C</b>		***				- ) - )	consti entrello entrello		8	1 (1 (12)) (1 (12))		diánda Militar					i e				rond).	alait (i) erekty tys	100 %			de co es	0 × 14	News St
Ш	<u>م</u> ا	7	8	2	1000-00-00	<u> V</u>	0	<u> </u>	77.00	K	<u>.la</u>	lr	m	ia	n	J	凶	V	e				7600	2200702	C/1800.000	Sec. 7.			
8		Con		**************************************		* 3.5°		1		. lûw	ÇAS		<del>, 1</del>	12 2 15 T	44	i i	1			20		`i√			S.	<u>}}</u>	121800	<b>.</b>	Ť
Cis		Form	Carrier State	20 1000 20 1000	e Marc Marc Marchael		o grounds	i ne et	eria eragia Salar Passes	Total Control Control	- on sec	31, 3 17 30, 211, 3 17						i au	1	E 21	b.Co		South I		S-00	1 m2 3 m			
T	r	V	i	n	7	1	10.30	Ť	T	1	T	i esta	T	ĺ	¥ 4 - 8 ±	1,00	1	7	A	9	1	1/2	ĪΛ	4	<u> </u>		T	1	Ť
Cou	ex e	A SEC	Ċ	940990	uy N							96 460. Caring				i i				* 4						2 (1) 2 (2) 3 (2) 4 (2)	V.013	o Page	
			0	r	a	n	a	e	,					İ											Ī	$\prod$	$\coprod$		
		His			ng A	idre	4	ioe !	nstr	cto	<b>15)</b> (21		and at the	W made 25	Michely del		69-10			Mar I/ I								بسبا	
Stre		æP.	O. B	OSC.		T A B	1		(2*1) - (2**)			T.	****** T		332 T		₩ ₹ <u>†</u> T \$						3 18 1	<u> 3237</u>	ij.	T	<u> </u>	**************************************	28
	<u>ما</u>	2 - D (14)	8	4		<u>U</u>	٥	<u> </u>	100 0000000000000000000000000000000000	<u> </u>	<u> 24</u>	·K	m	<u>a</u>	n.		Д	V	<u>e</u>	SI	, Ce	1,144	Salling and	Section 2	56 4.080		<u> </u>	<u> </u> 	
7	<u> </u>	Ecose \/		<u> </u>	le	(4) W3	(September	restant T		in mil	# 35. 	i i		CH ÇARI T	T	T		7	A	0	2		Ø	ما		T	T The state of	T	
ا مل *۷* ا	net	- The st	ORE C			1 Pers	on b	- o be	e in	agie	e rec			47 (0.5)			ing and			<b>&gt;</b>	4	Ø	U	Ψ					
		Lest,			Kirro Kartu	eticioso P 190	in the state of th			r is	* 7		mindled North		18	lewij.	757.500	77	1 42 NA			***			<b>3</b>	Ž.	R SA	( <u>3</u> )	e r
U	a.	u,	a	lh	L	li	n	T			T		I teas	1	IJ	6	r	رم	m	1/	*****				T	T	T	1	
Job	T)	dien iden Geboor						Ų.							En			1	13. 14.64	, Ca		nd M	خرينا	4				Sec.	
2		0	n	上	<u> </u>	M	a	صل	12	A	2	K			19	14	9		2	2	2	-	4	5	4	3	43.7		
		rect .			1277	8), 5 5 5	. ,		Inst		ans);	e en d'ar		S i Mato	eritalesia.	diame.	articae :	and t	e (4. 22	CACCE	400.24	2 2204	20.28	Out No	2.00	Selfall ext	Service de	et de loci.	Season 1
		V	9 9			307		T PAGE	3s.Be	1.33	**************************************		* <b>***</b> 	Tail						****		8975 T	3	(3)-48 	7438. T	Tributi T		<b>*</b>	**************************************
City	96	// Town	n x	(S. 100)	201	Chirt.			) };-\(\)			1	<u>.</u>					Su		2	. Co			j Žilotje	2000	gaile tel	¥1.29*		e de la composition della comp
									Ī	T				34 749. W		34.0.4		38m - 12	outerers.	<b>2</b> 1 4:50.0	A 4000 a. S	200	INI YOUR		-	732.00	Ť	N 1.435	
VIL C	lwn	ereh	<b>P</b> (	les /	natr	retio		$\geq$																					
A. Na		of Ir	win	lette	n'a L	ega	Qw	ner				(1.4 <u>3</u> )		1: 79 1: 49			1992		2. The	K, K		Y (c)		9(%)	7 8	- 26,	A CONTRACTOR	1. s.	
	0	۵	L	5	۵	n		A	m	C	r	1	C	a	L	1	Λ	لب											
Stree	rt.P	Q. E	lox,	of M	1.	T_	nber II.	<del></del>	 T.	1.	т—	<u>(1)</u>	17		1 (27%) 	<del>,                                    </del>		, va	2 3 2 3 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	· ·				<sup>,</sup> "	1		<del></del>	· · · ·	
O I	or To			<u></u>	۵	0	<u>K</u>	5	0	h		K	1	a	C	و		Stat		71-	Cod							į	$\blacksquare$
וס	<u> </u>	Λ	V	1	7	ر	n	~	P				,			· .		0		7	7	a	0	3	_				
hon	e N		BF (A	rew			d Nu	rnbe	V)	<del></del>	<u>.</u>	8.	Land	Туро	1	. Ow	mer Ty	200	D. C	hang Pall	e of	Owne	$\sim$		(D		hange	id) .	
4/	_			5	2	1	-	$\prod$	<del></del>	0	0	1		•		Γ			Yes			\(\sigma\)			lontit	T	Day		MAC .

Vill. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instr	uctions)
A. Hazardous Waste Activity	B. Used Oll Recycling Activities
1. Generator (See Instructions)   3. Treater, Storer, Disposar (at   2. A. Greeter than 1000kg/mc (2.200 lbs.)   Instructions)   Instructions)   Instructions   Instruction	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Masts the Specifications 2. Used Oil Sureer - Indicate Type(s) of Combustion Device(s) a. Ittility Boller b: Indicate Delies c. Instruction Permace 3. Used Oil Thomporter - Indicate Type(s) oil Activity(ics)
2. feel	
nonlisted hazardous wastes your installation handles; See 40 CFR Parts 281.20 - 261.24)  1. Setable 2 Constructions (Const)  Const. (Const.)  DOOG DOG  B. Listed Hazardous Wastes. (See 40 CFR 281.31 - 23; See instructions if you need to list	17 D008 1 1
FOOL FOOS FOOS III	11 12 12 12 12 12 12 12 12 12 12 12 12 1
C. Other Wastes. (State or other wastes requiring a handler to have an L.D. number; See in	etructione.)
X. Cortification  I certify under penalty of law that this document and all attachments were prepared under my desystem designed to assure that qualified personnel properly gather and evaluate the information or persons who manage the system, or those persons directly responsible for gathering the information of my knowledge and belief, true, accurate, and complete. I am away that there are eignificatinglying the possibility of fine and impresonment for knowing violations.	Submitted. Session my inquiry of the person
Signature  Name and Official Title (Type or print  PLANT WANAGER - ]	DRVINE 3/20/01
XI. Comments	
Installation has changed names.	Lt has not
Note: Mail completed form to the appropriate EFA Regional or State Office. (See Section III of	the booklet for addresses.)



#### **Enthone**

Polyclad Technologies 16782 Von Karman Avenue Irvine, CA 92606-4919 (949) 757-0304 (949) 757-0920 fax www.enthone.com

March 21, 2001

US EPA Region 9 RCRA Notifications 75 Hawthorne St. San Francisco, CA 94105

To Whom It May Concern:

Enclosed please find a Notification of Regulated Waste Activity for Enthone Inc. (EPA ID# CAD073584393). This company was formerly known as Fry Metals dba Alpha Metals, Inc. Please understand that the change is only in the name, and neither the operations nor the ownership has changed.

If you require any further information, please contact me either via email at <a href="mailto:pmoses@polyclad.com">pmoses@polyclad.com</a> or at (949) 222-4537.

Sincerely,

Paula S. Moses

Environmental, Health and Safety Manager

Please print or type with ELITE type (12 characters per inch) in the unshaded areas of \$1899 from Approved. OMB No. 2050-0028. Explica 9-30-92 GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

1. ARIS 11/18/97 8 10 SL 8C

## **&EPA**

# Notification of Regulated Waster Activity

Date Received (For Official Use Only)

NOV 1 7 1997

									Un	iibu .	عاهاد	<b>5</b> C	IAHO	nme	ntai	LOIE	SCRIO	n ac	ency									
l. Ins	allati	on'	EP.	A ID	Nun	nber	(Ma	rk 'X					_		_										4.			
V	A. F	îrst	Natii	lcati	on		В	. Sut (con	osec nplei	uen le ite	l No m C	lific:	ation	ľ		6	-   /	1 1	) (	Insta	l 3		EPA	10 N	umbe	<b>"</b>  0	3	OK Was
II. Na	me o	fin	stelle	tion	(Inc	lude							te n	ame	<u> </u>		~   '	11 1.				7	,	<i>)</i>			1	(Wasie,
AL	P	H	Α		М	Ε	T	A	1	S		T	N	_			T	R	٧	1	N	E		P	1	٨		7
III. Lo	catio	סותג	fins	taliat	ion		sica	i add	ires	s no	P.C	). Bo			ne A	lumi				1 4	14	U		1			17	1
Stree		No. Topological	и уклада	ederen:	yen,	9.4			,		1944		ragis.	TYV 1801	in a line		on abbiejd										\$4.5 \$	#13 PN
16	<u> 17</u>	8	2		V	0	N		K	A	R	M	A	N		A	V	E	N	U	E							
Stree	(00	min	neq)	·	T	Γ	T	T	· -	r	Γ	<u> </u>	<del></del>	1 (1) T	inke ti	gisto.	s sulare	g wiley		1000 N	ruyge T		i sessi I	Moras T	ousess,	Separa T	्रेट <u>।</u>	ê ta e
		-4.9				<u> </u>	<u> </u>	<u> </u>		L_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		ļ		_	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>		
City o	_	wn:	1.7	<u> </u>			Γ		· ·	I		20 () 1 	rija ili. T	. j. 1777 I	T		Sta	ite	ZIP	Cod	de -		V . T	1		T		
		l l	N	E	<u> </u>			<u> </u>		<u> </u>	L		<u> </u>		<u>L</u>	L_		A	14	12	17	17	14	<u> </u>	<u> </u>			
County	Code	S		y Na	те		1 <u>-</u>		г	Γ		· · ·		1							<u>ှ6</u>	0	<u>6</u>					1989 a 2 A a
114 1-	<u>.                                    </u>	10	R	A	N		E							<u> </u>				1										
IV. In	Stalla	นอก	Mai	ing ,	Adde	ess	(See	e ins	truc	tions	) · · ·									•								
Stree	or F	.0.	Box								This	ere un Light																
			20000000				<u> </u>								<u> </u>													
City o	r To	Nn:	T.			eligy t		7.3	(f)s				iold.				Sta	te	ZIP	Cod	de			ndi Ativ Si Marke	king			
<u> </u>	<u> </u>																							-				
V. Ins	taliat	ion	Com	act (	Per:	son	to be	e co	ntac	teđ i	ega	rdin	g wa	ste	activ	ities	ats	ilte)										
Name	(las	!)					1.51		ğarız:	89,75				(ffr	st)													
LA	u	G	H	L	1	7								J	E	R	E	M	Y									
Job T	itie								1910	. 18	N.V.	1.00	13 L	PI	none	Nu	mbe	r (ar	9 <b>8</b> CO	de a	nd ni	umb	97)			A By		
PL	A	N	T		M	A	N	Α	G	E	R			7	1	4	-	7	5	7	-	0	1	1	1	]		
VL In	talla	tion	Con	tact	Add	ress	(Se	e ins	struc	tion	s):																	
Locatio	tact /	Addı Maili	(883) (19	B. S	Stree	t or	P.O	. Bo	Krije.	1115	Web																	
V				1	6	7	8	2		V	0	N		K	A	R	M	A	N		A	V	E	Ι.				
City o	Tow	m .															Sta	te	ZIP	Cod	de							
IR	V	1	N	E													C	A	9	2	X	X	M	T -			Π	
VII. O	wner	ship	(Se	e ins	truc	tion	s)																	1	L		I	
A. Na	me o	f In	stalta	tlon	's Le	gal	Own	er						Ø.							6	0	6					
<u> Clo</u>	0	K	S	0	2		A	M	E	R	ı	C	A		I	N	C	,										
Stree	t, P.C	). B	ox, o	r Ro	ute	Num	ber		ķ.		dayay Ngasi											rdelds Zaska				<u> </u>		
NC	E		C	0	0	K	5	0	N		P	L	A		5								5440	r –				
City	r To	WIT				9,50	or en		ya ti		. y 35	<u></u>					Sta	te	710	Cod		yaya bad	hy seli	L Zástys				
2 R	0	V	1	D	E	N	2	E									R	~	5	2	9	0	Ī i		Γ	П	·	
Ohan	· Also				<u> </u>				1		B. 1	and	Туре	C.	Owr	er T		D. C	hang					(Date	Ch:	anged	<u>.</u> 	
Phon-	IUN S	nDe	5	7	de a	nd m	umbe			ᆛ		17	7		7	7		Yes	In	dicat	or	 1	Mo	nth		ay	Ye.	//
	. • 1		. • / I		. 1	- 1	1 1	UI	しょし	( )		1 /	1	ı	1 /-	- 1		1 8-5	V	1401	- 1	- 1	7/	ı / I	· / 1	111	7	7

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

& EPA

## Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. First Notification  B. Subsequent Notification  (complete item C)  C. Installat	ion's EPA ID Number
II. Name of Installation (Include company and specific site name)	
III. Location of installation (Physical address not P.O. Box or Route Number)	
Street	
Street (continued)	
City or Town State ZIP Code	
92/	
County Code County Name	06-11
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	
City or Town State ZIP Code	
V. Installation Contact (Person to be contacted regarding waste activities at site)	
Name (fast) (ffrst)	
Job Title Phone Number (area code and	
Priorie Number (area coda ana	number)
VI Installation Contact Address (See Leave 4)	
VI. Installation Contact Address (See Instructions)  A. Contact Address  B. Street or P.O. Box	
Location Mailing B. Street of P.O. Box	
City or Town State: ZIP Code	
926	06-
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	
Street, P.O. Box, or Route Number	
City or Town State ZIP Code	
State ZIP Code	
	-
Phone Number (area code and number)  B. Land Type C. Owner Type D. Change of Owner Indicator	mer (Date Changed) Month Day Year
Yes No	

b. 100 to 1000 kg/mg (220 - 2,200 lbs.)  c. Less than 100 kg/mg (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. Other Marketers  c. Boiler and/or Industrial Furnace  d. Hazardous Waste Fuel  a. Generator Marketing to Burner  b. Other Marketers  c. Boiler and/or Industrial Furnace  d. J. Utility Boiler  1. Air  1. Air  Indicate Type of Combustion  Device(s)				ID - For Official Use Only
A. Hazardous Waste Activity  1. Generator (See instructions) 2. Treater's Spore, Disposer (at several security) 3. Generator (See instructions) 3. Treater's Spore, Disposer (at several security) 4. Generator (See instructions) 5. 100 to 1000 kg/mo (200 cg.200 bs.) 6. 100 to 1000 kg/mo (200 cg.) 7. Less than 1000 kg/mo (200 bs.) 7. Less than 1000 kg/mo (200 bs.) 8. Generator (Mactardous Waste Public Comment of the Activity of t				
Senerator (See Instructions)   3. Thester, Storer, Disposer (a)   1. Off-Specification Used Off-File Installation) Note: A permit is required for the activity, see instructions   2. Generator Marking to But   2. Generator Marking to But   3. Generator Marking to Ge	VIII. Type of Regulated Waste Act	ivity (Mark 'X' in the appropriate boxes	. Refer to inst	ructions.)
A. Greeter than 100(kg/mo (20.0 tbs.)   Institution   In	A. Hazar	dous Waste Activity	8	J. Used Oil Fuel Activities
IX. Description of Regulated Wastes (Use additional sheets if necessary)  A. Characteristics of Nonlisted Hazardous Wastes. Mark X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Pars 261.20 - 261.24)  1. Intribute 2. Corresive 3. Reactive (D001) (D002) (D002	a. Greater than 1000kg/mo (2.20 b. 100 to 1000 kg/mo (220 - 2.2 c. Less than 100 kg/mo (220 lbs 2. Transporter (Indicate Mode in bo a. For own waste orty b. For commercial purposes:  Mode of Transportation  1. Air  2. Raii  3. Highway  4. Water	installation) Note: A perm for this activity; see instrict	(at its required actions: to Burner al Furnace al Exemption abustion	1. Off-Specification Used Off Fuel  a. Generator Marketing to Burner  b. Other Marketer  o. Burner indicate device(s) Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  2. Specification Used Off Fuel Markete (or On-site Burner) Who First Claims the Off Meets the
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Pars 261.20 - 261.24)  1. Ignitable 2. Corroelve 3. Reactive (D000) (Liei specific EFA hazardous waste number(s) for the Totoloy characteristic (D000) (Liei specific EFA hazardous waste number(s) for the Totoloy characteristic corfumnamin(s)).  B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)  7. 8. 9. 10. 11. 12.  C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)  C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)  C. Certiffication  I certify under penality of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, examples. I am aware that there are significant penalties for submitting false information, including the possibility of fine all imprisonment for knowling violations.  Comments.		5. Underground injection C	control	
C Cartification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible in gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, at complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine an imprisonment for knowing violations.  Signature  Name and Official Title (type or print)  Date Signed  JERRY MS CENT TECH. MGR, 1/1/2/97  C. Comments	1. Ignitable 2. Corrosive 3. Reactive (D001) (D002). (D003)  B. Listed Hazardous Wastes. (See 40  1 2  D 0 3 8  7 8	4. Toxicity Characteristic (O000) (List specific EPA hazardous wast  CFR 261.31 - 33. See instructions if you need  3 4 9 10	d to list more than	12 waste codes.)  5
Certification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible if gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, as imprisonment for knowing violations.  Signature  Name and Official Title (type or print)  Date Signed  TERRY MS LEAT TECH. MGR, 11/1/2/97  G. Comments			See instructions.	
C. Certification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the informatic submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible is gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, elements or submitting false information, including the possibility of fine all imprisonment for knowing violations.  Signature  Name and Official Title (type or print)  Date Signed  TERM MELLA (11/12/97)  G. Comments	1/22 1/22			5 6
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible to gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, electronic complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine all imprisonment for knowing violations.  Signature  Name and Official Title (type or print)  Date Signed  TERRY M-LEA TECH. MGR.  Official Comments				130 [181]
submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible in gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and imprisonment for knowing violations.  Signature  Name and Official Title (type or print)  Date Signed  11/12/97  C. Comments	C Certification			
G. Comments JERRY MS REALTECH. MGR. 11/12/97	submitted. Based on my inquiry of t gathering the information, the info complete. I am aware that there are imprisonment for knowing violation	the person or persons who manage the sometion submitted is, to the best of significant penalties for submitting false is.  Name and Official Title (type or principle)	properly gath system, or thos my knowledge a information, in	er and evaluate the information e persons directly responsible for a and belief, true, accurate, end ncluding the possibility of fine and
G. Comments	Juny 111-Kla	JERRY Mª REALTECH	MGR.	11/12/97
SEE ATTACKED DOCUMENTATION AND SPREADSHEET	1. Comments			
	SEE ATTACKED	DOCUMENTATION I	TND SPR	CENDSHEE7
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses)	Note: Mall		Silvan berträdden den soms in	

		ID - For Official Use Only
<b>1</b>		
A COMPANY OF WAR.	tivity (Mark 'X' in the appropriate boxe	s. Refer to instructions.)
N Arthur	rdous Waste Activity	B. Used Oil Fuel Activities
Characteristics of Nonlisted Hazar wastes your installation handles. (Se     Inguitable 2. Corrosive 3. Reactive	A	1. Off-Specification Used Off Fuel uctions:  a. Generator Marketing to Burns b. Other Marketer  b. Other Marketer  c. Burner – indicate device(s) – Type of Combustion Device 1. Uffilty Boiler 2. Industrial Boiler 2. Industrial Furnace 1. Industrial Furnace 2. Industrial Furnace 2. Specification Used Off Fuel Marketer 2. Industrial Furnace 3. Industrial Fuel Marketer 2. Specification Used Off Fuel Marketer 3. Industrial Furnace 3. Industrial Furnace 3. Industrial Furnace 3. Industrial Furnace 3. Industrial Fuel Marketer 4. Industrial Fuel
	(COOO) (Ust specific EFA hazardous was	
7 8	9 10	11 12
C. Other Wastes. (State or other waste:	s requiring a handler to have an I.D. number.	See instructions.)
2/2/2/2/4	3 4 337 33	5 5 6
Certification		
certify under penalty of law that the coordance with a system design submitted. Based on my inquiry of the information, the information, the information.	the person or persons who manage the sormation submitted is, to the best of	e prepared under my direction or supervision in i properly gather and evaluate the information system, or those persons directly responsible for my knowledge and belief, true, accurate, end e information, including the possibility of fine and
gling McLea	Name and Official Title (type or pro-	int) Date Signed  H. MGL, 1//12/97
. Comments		
SEE ATTACKED D	OCOMENTATION AN	D SORVADS MATT

EPA #'s	WASTE
F002	Halogenated Solvents (1,1,1 Trichloroethane)
F003	Non-Halogenated Solvents
	Acetone; ethyl ether; n-butyl alcohol; methanol
F005	Non-Halogenated Solvents (MEK, Toluene)
D000	Toxicity Characteristic
D001	Ignitable
D002	Corrosive
D003	Reactive
D004	Toxic (Various Non-RCRA)
D007	Chromium
D008	Lead
D009	Mercury
D021	Chlorobenzene
D035	MEK
D038	Pyridine
State #'s	
121	Alkaline solution (pH<12.5) with metals
122	Alkaline solution (pH>12.5) without metals
123	Unspecified alkaline solutions
132	Aqueous solution with metals
133	Aqueous solution with 10% or more total organic residues
141	Off specification, aged, or surplus inorganics
153	Cadmium cyanide
181	Other inorganic solid waste
212	Cobaltous sulfate / Cobalt sulfate
213	Hydrocarbon solvents
214	Unspecified solvent mixture
331	Off specification, aged, or surplus organics
343	Unspecified organic liquid mixture
352	Other organic solid waste
551	Laboratory waste chemicals
791	Liquids with pH <2
792	Liquids with pH <2 with metals



A Cookson Company

USEPA Region IX RCRA Notification 75 Hawthorne Street H-3-4/PRC San Francisco, CA 94015 415-495-8895



RE: Updating EPA Hazardous Waste Numbers

Attached is the original notification forms and EPA approval letter dated 9/23/94 for the anticipated wastes that would be generated at Alpha Metal's facility located at 16782 Von Karman Ave., Irvine, CA. when we began our manufacturing operations in October, 1994. Additional notification forms are now being submitted for wastes that have been identified on subsequent manifests. Please note the following changes:

- 1. Irvine's zip code has changed to 92606 and our area code is scheduled to change from 714 to 949 in 1998.
- 2. We are no longer a small quantity generator since our waste streams all combined exceed the 2,200 lb. or (26,400 lb./year) specified limits.

We will be initiating the requirements to comply with SB-14, Hazardous Waste Source Reduction & Management Review Act of 1989 as required by our 1998 activities and reportable to our local jurisdiction governing hazardous wastes (Orange County Health Care Agency) in Sept. 1999.

The listed wastes being added are D038 and eleven (11) other (state) waste codes:

122 123 133 141 153 181 212 214 331 352 792

Please call if you have any questions regarding this matter.

Sincerely,

Jerry McRea

**Technical Manager** 

714-757-0111 Ext. 4537



600 Route 440 Jersey City New Jersey 07304 Telephone 201-434-6778 Telex 499-7772 Fax 201-434-7508

AUG 2 9 1884

USEPA Region IX RCRA Notification 75 Hawthorne Street H-3-4/PRC San Francisco, CA 94015 415-495-8895

RE: Change of Ownership for new EPA Hazardous Waste Number

Dear Sir or Madam:

On January 10, 1994, Alpha Metals, Inc. (IRS #061008504) signed a purchase agreement to acquire the Shipley Co. (IRS #042216888) facility located at 16782 Von Karman Avenue, Irvine, CA 92714. The change of ownership became effective on February 14, 1994.

The facility was formerly operated by Shipley as a chemical formulation plant producing chemical products for the electronics industry. Alpha Metals intends to again operate the facility as a chemical formulation plant producing chemical products for the electronics industry. Production operations are expected to begin in a few weeks. Attached are the required forms and a spreadsheet of the waste streams expected to be generated. The total amounts are not expected to exceed the Small Quantity Generator status.

Please issue Alpha Metals, Inc. at the stated address an EPA ID# for our hazardous waste activity as soon as possible.

8/18/94

Please call if you have any question regarding this matter.

Sincerely,

Jerry McRea

Technical Manager

714-757-0111 Ext. 537

Jeny A. MERea

FORM ADDITION COMB NO. 2050-0028. EXDITES 9-30-107 MM

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

### **&EPA**

#### Notification of Regulated Waste Activity

Date Received (For Official Use Only)

AUG 2 9 1994

ion's Effirst Not of Install H A on of Install R on of Install N OR of Install R OR of Install	ation stallate	(inc.	lude E (Phy	B, con	Sut (con npar A I add	Disequipplet	guenne ite ite	t No m C pecli t P.C	iffice losi	te n	eme)	•	A A	J Per) V Sta	E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	N E	5	Q	P   -	3	9 A	3 N 7
of install  H A on of install  8 2 Intinued  WIN Cour OR Stion Ma P.O. Bo	ation stalian	(Inc.	E (Phy)	Con T Sica N	(connpar	L dres:	s no	m C, pecli	lic si	te n	ame)	•	Cumb	v V	E	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	N E	5	Q	14		9 A (	3
H A con of Installation of Installation Ma	italian	M Rion	E (Phy)	rsica:	A i ado	L dress	S no	R	Ic si	N	C	•	- Gumb	v V	E	2	U	E		4	P		A (	7   T
H A con of Installation of Installation Ma	italian	M Rion	E (Phy)	Sical N	A do	L dress	S no	R	I	N	C	•	- Gumb	v V	E	2	U	E	E	<b>4</b>	P		A	7   -
B Z Intinued  Write Cour  O R Stion Ma P.O. Bo	Enty Ne	V	(Phy)	M 		K	s no	R			)	te N	A	v V	E	2	U	E		4				
8 2 Intinued Wn I N Cour O R Stion Ma	Enty Ne	V Ime	0      G	M 		K	A	R	M	A	ROU	lie N	A	V	E	ZIP Q			7	4	-			
wn Cour O R ation Ma	Enty Ne	N	Gress	N E (See	e ins	K	A			<b>A</b>	<del> </del>		A	V Sta		ZIP 9				4	- 1			
wn Cour O R ation Ma	Enty Ne	N	G	E (See	i ins	struc	dons							Sta		zip G			7	4	-			
wn Cour OR stion Ma	Enty Ne	N	Gress	(Sec	ins	struc	tions	<b>S</b>						Sta	te A	zip G	2 2	7	7	4	-			
Cour OR Bition Ma	A Illng	N	Gress	E (See	ins	struc	etlons	s)						Sta	te A	zip G	2	ie	7	<b>4</b>	-			
Cour OR Bition Ma	A Illng	N	Gress	(Sec	e ins	struc	etlons	s)						<u>C</u>	A	9	2	7	1	4	-			
Cour OR ation Ma P.O. Bo	A Illng	N	G ress	(Sec	ins	struc	etions	s)																
P.O. Bo	A	N	G ress	(Sec	e ins	struc	tions	s)																
P.O. Bo	lling	Add	ress	(Sec	e ins	truc	tions	s)						l			•		l					
P.O. Bo	7048a.420																•							
wn								1	<u> </u>	ugiliyea T					Sitti otok	ilenter e	grana asar	State of the second			Military.	Millions.		<u> </u>
				<u> </u>	<u> </u>		İ	1			1	l	l	Γ						9 (94000	30.000.0000		ī	
						Miles yes	٠	<u> </u>	<u> </u>									1.4				ليب		
tion Co	_			Υ	: "	76 T	e e e T	T -	riotis T			r		Sta	te	ZIP	Coc	ie						
tion Co		<u> </u>		L_		ļ								<u> </u>							-			
	ntact	(Per	son	to be	e co	ntac	ted	rega	rdin	g wa	ste	ectiv	ities	at s	/te)									
t)	•	•	•								(ffr:	st)												
GH	L	1	14								J	E	R	E	M	Y								
					era d						PI	none	Nur	nbe	r (are	a co	de a	nd ni	ımbe	r)				
NT	1	M	A	N	A	G	E	R			7	1	4	-	7	5	7	_	0	1	1	7		
ation Co	ntact	Ado	dres	3 (Se	e in	struc	ction	rs)												Ž			Tuber or	gen Mergen, angg
Addres																								
	17	6	7	18	2		V		N	Π	K	A	R	M	4	1A		A	J	严	987.289	10000000	59995666	
wn	_	1	1	<u></u>	L <del>-</del>		1 <del>V</del>	۳	100	<u> </u>	<u> </u>	<u> </u>	• •	444.755		Control in a			<b>V</b> 1	<u>ا سا</u>	• 1	1	l	1
7	TE		Ī	Ī				T T	T		- Cartabangar	di di dinanga			7	<del>                                     </del>			,	71	_	383866	Resignan	
		struc	ction	5)		i		!	<u> </u>		<u> </u>						· ·		/					
	some been	000 50 50 50	dittors o	2 d 3 d 1	- AP										vánks									
T . T	1_	1 1		1		Tr.	آه	ΙŢ	T/	Λ		T	Α,	<u></u>	l e			30.00						
	1 -	٠	<u>.</u>			<u>                                     </u>	110	<u> </u>	اك		andre e	<u> </u>	17		>	لــــا		11.000			<u> </u>			
U. Box,	1		Nun	nber		in in	r jagob T	Γ <u>Ω</u>	г <del></del>	T ,												1		
	10	0	<u>                                     </u>	12	0	N	<u> </u>	1	<u>  L</u>	A		٤												
חשנ	T	T	1	1 T		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	· · · · · · · · · · · · · · · · · · ·		da AUA T			te	ZIP								
<u>                                      </u>	D	E	N	C	E	<u> </u>								_	工	0	2	9	0		-			
ımber (ı	rea c	ode a	and n	dmur	er)			В.	Land	Тур	e C.	Owr	ner T	уре	D. C	Chang	ge of	Own	er	Mor	(Date	Cha	inged	) Year
		1	T -	1		0	0	1	F	7		Z	7		Yes		No			0	<del>"</del> 7	1	7	9/2
	Address Mailing WIT  / N rship (S of Instal  C. Box,  DWIT  JIMber (a	Address B. Mailing I	Address B. Stre Mailing J C  WIT  I N E  rship (See Instruct of Installation's L  C. Box, or Route  C. O. O.  Diwn  J M E  I C  I C  I C  I C  I C  I C  I C  I	Address B. Street of Mailing I G 7  WITH I WE I STANDARD STREET OF Installation's Legal I G O O K  DWITH I O O K  DWITH I D E N  JIMBER (area code and installation)	Address B. Street or P.O. Mailing I G 7 8  WITH A STREET OF P.O. Mailing I G 7 8  WITH A STREET	Address B. Street or P.O. Both Mailing I Government I Gov	Address B. Street or P.O. Box    Address   B. Street or P.O. Box   Address   Address B. Street of P.O. Box Mailing I G 7 8 2 V  WITH I G 8 Instructions)  of Installation's Legal Owner  KSON AMER  O. Box, or Route Number  COOKSON  OWN  OWN  I DENCE  Imper (area code and number)	Address B. Street of P.O. Box Mailing I G 7 8 2 VO  write	Address B. Street or P.O. Box Mailing B. Street or P.O. Box	Address B. Street or P.O. Box Mailing B. Street or P.O. Box	Address B. Street or P.O. Box Mailing I G 7 8 2 VON K  write	NT MANAGER 7/ ation Contact Address (See Instructions)  Address B. Street or P.O. Box  Mailing  I G 7 8 2 VO N KA  wri  I N E  rship (See Instructions)  of Installation's Legal Owner  KSON AMERICA I CA I  O. Box; or Route Number  COOKSON PLACE  Dwn  Imber (area code and number)  B. Land Type C. Own	Phone Num  NT MANAGER 7/4  ation Contact Address (See Instructions)  Address B. Street or P.O. Box  Mailing I G 7 8 2 VO N KAR  wri  INE  INE  rahip (See Instructions)  of Installation's Legal Owner  KSONAMERICA I CAIN  O. Box, or Route Number  COOKSON PLACE  Dwn  Imber (area code and number)  B. Land Type C. Owner T	Phone Number  NT MANAGER 714-  ation Contact Address (See Instructions)  Address B. Street or P.O. Box  I G 7 8 2 VON KAR M  write	Phone Number (are Number (are Supplemental Address)  Phone Number (are Supplem	Phone Number (area co  NT MANAGER 7 / 4 - 75  attion Contact Address (See Instructions)  Address B. Street or P.O. Box  Mailing 1 G 7 8 2 VON KARMAN  wri State ZIP  / NE CA 9  riship (See Instructions)  of Installation's Legal Owner  KSONAAMERICA INC.  O. Box, or Route Number  COOKSON PLACE  State ZIP  OWNT STATE  OWNT S	Phone Number (area code at N T MANAGER 7 / 4 - 757  atton Contact Address (See Instructions)  Address B. Street or P.O. Box  I G 7 8 2 V O N K AR MAN  wre  I N E C A 9 2  reship (See Instructions)  of Installation's Legal Owner  K S O N A MERICA I C A INC.  O. Box, or Route Number  State ZIP Cod  O. Box, or Route Number  State ZIP Cod  O. Box or Route Number  B. Land Type C. Owner Type D. Change of Indicat	Phone Number (area code and number)  Phone Number (area code and number)	Phone Number (area code and number NT MANAGER 7/4-757-0  ation Contact Address (See Instructions)  Address B. Street or P.O. Box  Malling B. Street or P.O. Box  State ZIP Code  // NE State Instructions)  of Installation's Legal Owner  KSONAMERICA TNC.  O. Box, or Route Number  COOKSON PLACE  AMERICA TREE ZIP Code  VIDENCE RIO290  B. Land Type C. Owner Type D. Change of Owner Indicator	Phone Number (area code and number)  NT MANAGER 7/4-757-0 ( ation Contact Address (See Instructions)  Address B. Street or P.O. Box    1 C 7 8 2 V O N KARMAN AVE   1 C 7 8 2 V O N KARMAN AVE   1 N E	Phone Number (area code and number)  NT MANAGER 7/4-757-0/2  ation Contact Address (See Instructions)  Address B. Street or P.O. Box  I C 7 B 2 VON KARMAN AVE.  State ZIP Code  I N E State Instructions)  of Installation's Legal Owner  KSON AMERICA ICAINC.  O. Box, or Route Number  State ZIP Code  VIDENCE RICAINC.  State ZIP Code  VIDENCE RICAINC.  O. Box State ZIP Code  VIDENCE RICAINC.  O. Box State ZIP Code  VIDENCE RICAINC.  O. Change of Owner (Date Indicator	Phone Number (area code and number)  NT MANAGER 7/4-757-0/1/1  ation Contact Address (See Instructions)  Address B. Street or P.O. Box  Mailing I G 7 B 2 VO N KAR MAN A V E.  WITH State ZIP Code  / N E	Phone Number (area code and number)  NT MANAGER 7/4-757-0/1/  ation Contact Address (See instructions)  Address B: Street or P.O. Box  I G 7 8 2 VO N KARMAN A V E.  with State ZIP Code  I N E State Instructions)  of installation's Legal Owner  KS O N A MERICA A INC.  O. Box, or Route Number  COOKSON PLACE  State ZIP Code  VIDENCE  B. Land Type C. Owner Type D. Change of Owner (Date Changed Indicator Month Day)	

-1-

	ID - For Official Use Only
· · · · · · · · · · · · · · · · · · ·	
VIII. Type of Regulated Waste Activity (Mark:'X' in the appropriate box	exes. Refer to instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  2. Rail  3. Treater, Storer, Dispoinstallation) Note: A provide installation) Note: A provide installation) Note: A provide installation installation installation installation installation installation installation installation installation installation installation installation installation installation) Note: A provide installation installation installation installation installation installation installation installation installation installation installation installation installation installation installation installation installation) Note: A provide installation install	1. Off-Specification Used Oil F a. Generator Marketing to B b. Other Marketer c. Burner - indicate device( Type of Combustion Devi  1. Utility Boiler 2. Industrial Boiler antity Exemption 3. Industrial Furnace (or On-site Burner) Who First Calms the Cil Meets the Specification.
IX. Description of Regulated Wastes (Use additional sheets if necessal A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corre	
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if your DOOL DOO3 DO	### ##################################
D009 D021 D035	
C. Other Wastes. (State or other wastes requiring a handler to have an i.D. numb	per. See instructions.)
1 2 3 3 3	4 5 6 43 551 79
X. Certification	
I certify under penalty of law that this document and all attachments w	inel properly gather and evaluate the information
accordance with a system designed to assure that qualified person submitted. Based on my inquiry of the person or persons who manage ti gathering the information, the information submitted is, to the best complete. I am aware that there are significant penalties for submitting full imprisonment for knowing violations.	he system, or those persons directly responsible of my knowledge and helief true accurate :
submitted. Based on my inquiry of the person or persons who manage the gathering the information, the information submitted is, to the best complete. I am aware that there are significant penalties for submitting to	he system, or those persons directly responsible of my knowledge and belief, true, accurate, a laise information, including the possibility of fine a print)  Date Signed
submitted. Based on my inquiry of the person or persons who manage to gathering the information, the information submitted is, to the best complete. I am aware that there are significant penalties for submitting full imprisonment for knowing violations.  Signature  Name and Official Title (type or	he system, or those persons directly responsible of my knowledge and belief, true, accurate, a laise information, including the possibility of fine a print)  Date Signed
submitted. Based on my inquiry of the person or persons who manage to gathering the information, the information submitted is, to the best complete. I am aware that there are significant penalties for submitting for imprisonment for knowing violations.  Signature  Name and Official Title (type or JEREMY LAUGHLIN)	he system, or those persons directly responsible of my knowledge and belief, true, accurate, a laise information, including the possibility of fine a print)  Date Signed  PLANT MANAGER  5-23-94

#### Sheet1

EPA#	WASTE
F002	Halogenated Solvents
	1,1,1 Trichloroethane
F003	Non-Halogenated Solvents
	Acetone; ethyl ether; n-butyl alcohol; methanol
F005	Non-Halogenated Solvents
	MEK; Toluene
D001	Ignitabile
D002	Corrosive
D003	Reactive
D004	Toxic (Various Non-RCRA)
D007	Chromium
D008	Lead
D009	Mercury
D021	Chlorobenzene
D035	MEK
State #'s	
121	Alkaline solution (pH<12.5) with metals
132	Aqueous solution with metals
213	Hydrocarbon solvents
343	Unspecified organic liquid mixture
551	Laboratory waste chemicals
791	Liquids with pH <2

DEACT

#### **RCRIS Notification Data Change Form**

EPA Id: <u>CADO73</u>	<u>58439</u>	<u>3</u> d	ate Rece	eived: 4/2	25/	94
Source (N/E/S):	Non-Notifi	er Flag:				
Name of Installation:		•				
	Installati	ion Locai	tion Add	dress		
Streets:						
City:County Code:			State:		Zip:	
County Code.	County Nan					
	Ilista	llation M	aning A	Address		
Streets:						
City:		-	State:		Zip: _	
		tact Info				
Last Name First	Name	Title		Phone		Address (M.L.O)
Streets:						
City:			State:		Zip:	
Land Type:			_		T -	
	Owner/O	perator	Informa	ation		
Owner:					Туре	of Owner:
Streets:						
City:		<del></del> -	State: _		Zip:	
Dhana						
Phone:			CI.	ъ.		
Waste Type	RCRA Reg	DCD A		Date:		
Activity:	Status		Reg	State Reg Status	_	Reg
Generator	Status	7		Status	Desc	
Transporter					<u></u>	
TSD ====			-	· · · · · · · · · · · · · · · · · · ·		<del></del>
Burner/Blender			<del>-</del>		-	
HWF Market to Burner	HWF Other	Market _		_ HWF Burner		
OSOS Market to burner	— OSO Other M	narket		_ OSO Burner		SO ACT:
Burner Type: Utility	Boiler	Indus	trial Boi	ler	_ Furna	ace
Underground Injection Contro	l:	Recyc	eler:			
Mode of Transportation: Air _ Hazardous Waste Codes:	Rai	l	_ Highv	way	Water	
Hazardous Waste Codes:	Specific/Non-	Specific/(	Commer	cial/Chemical		
Comments:						
Name Change:	Old Name: _					
FINDS Staff:				Notif.	Staff:_	97
					11	97- 20194
				Date	1012	41104

## STEPHEN CZAJKOWSKI ENVIRONMENTAL, HEALTH & SAFETY CONSULTANT

9133 PELICAN AVENUE FOUNTAIN VALLEY, CA 92708 (714) 963-7075



April 21, 1994

Ms. Susanna Fong
PRC - RCRA NOTIFICATIONS
120 Howard Street
Suite 730
San Francisco, CA 94105



Re: APPLICATION FOR DELISTING OF EPA ID NUMBER

Dear Notifications Officer:

I have been retained by the Shipley Company Inc. (Shipley) to delist the EPA ID number for the following facility:

Shipley Company Inc. 16782 Von Karman Avenue Irvine, CA 92714 EPA ID #: CAD073584393

As of December 29, 1993, Shipley is no longer in business and has ceased all operations at the above address. All hazardous waste has been removed from the facility and has been treated at licensed TSDF's. As of March 7, 1994, the last shipment of hazardous waste was treated at APTUS in Utah.

Please call me at (714) 963-7075, if I can be of any further assistance in this matter.

Very truly yours,

Stephen Czajkowski

Consultant

C: Paul Connor, EH&S Manager, Shipley Company Inc., Marlborough Massachusetts

lylicent

#### **RCRIS Notification Data Change Form**

EPA Id: Source (N/E/S)	DO 135 ): _N	Non-Notifie	Date Rec	eived:	17/94
Name of Instal	lation:		on Location Ad	dress	·
Streets:		Histaliati		uras	
City:			State:	·	Zip:
County Code:		County Nam	ie:		
<b>~</b> .			lation Mailing A		
Streets:					
City:		_			Zip:
T	<b></b>		act Information		
Last Name	First N	Name	Title	Phone	Address (M.L.O)
Czaj Kows					010
Streets: 91	23 1611C	an Ave			
City:	gritair)	vanez	State:		Zip: <u>42708</u>
Land Type		Owner/O	perator Inform	ation	
Owner					Tyma of Owner
					Type of Owner:
Streets: 50	2 Nich	erson Ri	1		
City:MO	rlbord	ough	State:	MA	Zip: 017524634
Phone: <u>508</u>	3481-	1950			
Current/Previou				e Date:	
	Type	RCRA Reg		State Reg	
Activity:	10-	Status	Desc	Status	Desc
Generator				<del></del>	
Transporter TSD				· · · · · · · · · · · · · · · · · · ·	
Burner/Blender					
HWF Market to	Burner	_ HWF Other I	Market	_ HWF Burner	·
OSOS Market t	o Burner	_ OSO Other M	larket	OSO Burner	SO ACT:
Burner	Type: Utility	Boiler	_ Industrial Bo	iler	Furnace
Underground In	ijection Control	l:	_ Recycler:		***
Hazardous Was	ortation: Air _ te Codes:	Specific/Non-	High Specific/Comme	way rcial/Chemical	Water
			2003 12004		U7 FC09
			16 4108		
(1)	441151 1	1219 U220	10 4100	<u> </u>	
Ot 1		12191 4226	) UZ 29		
Comments:					
Name Change:		Old Name:			
FINDS Staff: _					Staff:
		•		Data	6/9/14

### STEPHEN CZAJKOWSKI ENVIRONMENTAL, HEALTH & SAFETY CONSULTANT

9133 PELICAN AVENUE FOUNTAIN VALLEY, CA 92708 (714) 963-7075

February 14, 1994

PRC - RCRA NOTIFICATIONS 120 Howard Street Suite 730 San Francisco, CA 94105

Re: APPLICATION FOR PROVISIONAL EPA ID NUMBER

Dear Notifications Officer:

I have been retained by the Shipley Company Inc. (Shipley) to apply for a provisional (one time only) EPA ID number for the following facility:

Shipley Company Inc. 16782 Von Karman Avenue Irvine, CA 92714

A single drum of hazardous waste was rejected by the TSDF for treatment after the site's EPA ID # was delisted.

Please call me at (714) 963-7075, if I can be of any further assistance in this matter.

Very truly yours,

Stephen Czajkowski

Consultant

C: Paul Connor, EH&S Manager, Shipley Company Inc., Marlborough Massachusetts

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation

## **SEPA**

## Notification of Regulated Waste Activity

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0248-EPA-OT **Date Received** (For Official Use Only)

FEB 17 1991

and Recovery Act). United States Environmental Protection Agency	10	
I. Installation's EPA ID Number (Mark 'X' In the appropriate box)	હ	
A. First Notification  B. Subsequent Notification (complete item C)	Installation's EPA ID Number	
II. Name of Installation (Include company and specific site name)	73504343	12
SHIPLEY COMPANY INC.		, <b>170</b>
III. Location of Installation (Physical address not P.O. Box or Route Number)	-	
Street		
16782 VON KARMAN AVE.		
Street (continued)	<del>, , , , , , , , , , , , , , , , , , , </del>	
		گِ
	Code	, ad
ZRV/NE             CAY	27/4-1	STILL ACTIVITY
County Code County Name	*   Y	RIS TR STILLS
059 COUNTY OF ORANGE		2
IV. Installation Mailing Address (See Instructions)	, , ,	- 2
Street or P.O. Box	<del></del>	其
SAME		- A=
		38
	- d	6 4
V. Installation Contact (Person to be contacted regarding waste activities at site)	4	A :
Name (last) (first)	,	7 72
CZAJKOWSKI STEPHE	N	4 33
Job Title Phone Number (area co	ado and number)	変更な
CONSULTANT 7/4-96	3-10075	なるなな
VI. Installation Contact Address (See Instructions)		ADOLL LAND Sometack
A. Contact Address B. Street or P.O. Box	*	<b>く</b> き
		3 8
		TE TE
	P Code	में देव
	2 7 0 8 -	* * * * * * * * * * * * * * * * * * *
VII. Ownership (See Instructions)	ja ja	35 4
A. Name of Installation's Legal Owner	<del>, , , , , , , , , , , , , , , , , , , </del>	0 2 2
SHIPLEY COMPANY INC.		るなみ
Street, P.O. Box, or Route Number		~ 0
500 NICKERSON ROAD		#\$\$
	P Code	moe waste.'# Id him to contin Reut lutersout
MARLBOROUGH MAO	1752-4634	ままる ままる
		7 5 2
	nge of Owner (Date Changed)	523
Phone Number (area code and number)  B. Land Type C. Owner Type D. Chan Ir		one more waste." #"m o told him to continue gast lutersent ba

	D = For Official Use Only
Vill Type of Arganilles Waste Activity (Mark 'X In the appropriate boxes	s. Refer to instructions.)
: Pazardous Wasie Adulta	B. Leed DIFFUEL Activities:
200 (bit) Substitute College	Attenuation) / h: Off-Specification USSG Oil Fuel
GOLD SECTION OF THE PROPERTY	2: 2 Other Maskeror.
	Linner , ridicate device(s) - Linner , ridicate device(s) - Linner , ridicate device (s) -
	Les Multy Boller
	37 Jydushial Furnace 🕮
	The analysis of the spiritual and the spiritual
	The Court of the C
A Det elaption votal transfer of the second	
interterials (	The state of the state of the services
Spill and the second se	
	Control of the contro
AS: Usted Hazakieus Wastes (See 40 CFR 20131 - 33 Shelestructors Fygues	set to list more than 12 Wests codes.)
	6 6
C. Other Wastes. (State of other wastes requiring an I.D. number. See instructions	
Contract Water Contract Water requiring an LD. number. See instructions	
X. Certification	The second secon
I certify under penalty of law that I have personally examined and an	of amiliar with the information submitted in this
and all attached documents, and that based on my inquiry of the obtaining the information, I believe that the submitted information	ose individuals immediately responsible for
that there are significant penalties for submitting false information	ation, including the possibility of fines and
Signature Name and Official Title (type or )	SULFANT  print) Date Signed / /
XSTEPHEN (ZA)	Kousky 2/14/94
& Commerce 3	
Please note type + quantity of waste:	*
	DRUM , DOOL DOO2
Note: Malt Copies Core State to the appropriate and in plone as Sing Office (Se	e Section III of the booklet for addresses.

INTITUTE OF IT IN THE SPACE IS IN THIS SPACE  INTITUTE OF IT IN THE SPACE IS IN THIS SPACE  INTITUTE OF IT IN THE SPACE IS A SPACE IN THIS SPACE  PLEASE PLACE LABEL IN THIS SPACE  PLEASE PLACE LABEL IN THIS SPACE  PLEASE PLACE LABEL IN THIS SPACE  IN THE SPACE IS A SPACE IN THIS SPACE  PLEASE PLACE LABEL IN THIS SPACE  IN THE SPACE IS A SPACE IN THIS SPACE  IN THE SPACE IS A SPACE IN THIS SPACE  IN THE SPACE IS A SPACE IN THIS SPACE  FOR OFFICIAL USE ONLY  COMMENTS  FOR OFFICIAL USE ONLY  FOR OFFICIAL USE ONLY  COMMENTS  FOR OFFICIAL USE ONLY  FOR OFFICIAL USE ONLY  COMMENTS  FOR OFFICIAL USE ONLY  FOR	INSTALLA- TION'S EPA I.D. NO. through it and supply the correct i	preprinted
Detection of installation  INSTALLATION MAILING ADDRESS  FOR OFFICIAL USE ONLY  COMMENTS  FOR OFFIC	in the appropriate section below. If	draw a line information the label is
TO THE INSTITUTION BEFORE CONTROL TO THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE CONTROL	INSTALLA- III. MAILING ADDRESS  PLEASE PLACE LABEL IN THIS SPACE  Delow blank. If you did not receive a label, complete all items. "Installation single site where hazardous waste is treated, stored and/or disposed of, porter's principal place of business. If you did not receive a label, complete all items. "Installation single site where hazardous waste is treated, stored and/or disposed of, porter's principal place of business. If you did not receive a label, complete all items. "Installation single site where hazardous waste is treated, stored and/or disposed of, porter's principal place of business. If you did not receive a label, complete all items. "Installation single site where hazardous waste is treated, stored and/or disposed of, porter's principal place of business. If you did not receive a label, complete all items. "Installation single site where hazardous waste is treated, stored and/or disposed of, porter's principal place of business."	preprinted n" means a generated, or a trans- Please refer
In the property of the appropriate box(es)	to the INSTRUCTIONS FOR FILIN CATION before completing this information requested herein is required.  III OF INSTALLATION  (Section 3010 of the Resource Conse. Recovery Act).	G NOTIFI- form. The ired by law
In the property of the prope	FOR OFFICIAL USE ONLY	
II. INSTALLATION'S EPA LD. NUMBER    F C   D   D   D   D   D   D   D   D   D	COMMENTS  C C	
I. NAME OF INSTALLATION   S. H. I. P. L. E. Y. C. O. M. P. A. N. Y. I. N. C	INSTALLATIONIS FRALD NUMBER DATE RECEIVED	
SHIPPLEY COMPANY INC.    SHIPPLEY COMPANY INC.   STREET OR P.O. BOX   STREET OR ROUTE HUMBER   STREET OR SUBSEQUENT NOTIFICATION    FCADØ7358439321		
II. INSTALLATION MAILING ADDRESS  STREET OR P.O. BOX  C. 3 1 6 7 8 2 V 0 N KARMAN NAVE  CITY OR TOWN  ST. ZIP CODE  C. A 9 2 7 1 4  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  C. A 9 2 7 1 4  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  C. A 9 2 7 1 4  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  C. D L O R EY S H A W N S A F E T Y C O O R D I N A T d 1 7 9 6 9 5 5 0 0  VI OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION CONTACT  NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION CONTACT  NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION CONTACT  NAME OF INSTALLATION'S LEGAL OWNER  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (area code & no.)  C. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. INSTALLATION (complete item VII)  ST. ZIP CODE  C. A 9 2 7 1 4  IV. IN TABLET (CODE  C. INSTALLATION SECOLOTY  ST. ZIP CODE  C. A 9 2 7 1 4  IV. IN TABLET (CODE  C. INSTALLATION SECOLOTY  C. INSTALLATION'S EPA I.D. NO.  C. INSTALLATION'S EPA I.D. NO.	I. NAME OF INSTALLATION	
STREET OR P.O. BOX  3 1 6 7 8 2 V 0 N KARMAN AVE.  CITY OR TOWN  ST. ZIP CODE  4 R V I N E  CITY OR TOWN  STREET OR ROUTE NUMBER  CITY OR TOWN  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  ST. ZIP CODE  CA 9 1 7 1 4  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIP CODE  ST. ZIP CODE  CA 9 1 7 1 4  III. LOCATION OF INSTALLATION  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  CA 9 1 5 5 0 0  ST. ZIP CODE  CA 9 1 7 1 4  III. LOCATION OF INSTALLATION STREET IN ST	30 67	
CITY OR TOWN  ST. ZIPCODE  CITY OR TOWN  ST. ZIPCODE  CA 9 2 7 1 4  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIPCODE  CA 9 2 7 1 4  STREET OR ROUTE NUMBER  CITY OR TOWN  ST. ZIPCODE  CA 9 2 7 1 4  ST. ZIPCODE		
CITY OR TOWN  ST. ZIP CODE  C A 9 2 7 1 4  III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  C A M F / C 9 2 V / W E  CITY OR TOWN  ST. ZIP CODE  C A 9 7 7 Y  ST. ZIP CODE  C A M F / C 9 2 V / W E  CITY OR TOWN  ST. ZIP CODE  C A M F / C 9 2 V / W E  CITY OR TOWN  ST. ZIP CODE  C A 9 7 7 Y  ST. ZIP CODE  C A 9 7	3 1 6 7 8 2 VON KARMAN AVE.	
Total   Tota		
III. LOCATION OF INSTALLATION  STREET OR ROUTE NUMBER  C	4	
CITY OR TOWN  ST. ZIP CODE  C. C. A. ME TO TRY JUE  IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  SS H I P L E Y C O M P A N Y I N C .  SS S H I P L E Y C O M P A N Y I N C .  SS A. GENERATION  SS B. TRANSPORTATION (complete item VII)  A. A. AIR  SS C. TREAT/STORE/DISPOSE  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. No.  C. INSTALLATION'S EPA I.D. No.		
CITY OR TOWN  ST. ZIP CODE  C A 9 7 7 4  IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  SAFETY COORDINAT GROWNER NO. (area code & no.)  A. NAME OF INSTALLATION'S LEGAL OWNER  SS. SHIPLEY COMPANIP  A. NAME OF INSTALLATION'S LEGAL OWNER  SS. SHIPLEY COMPANIP  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = SON-FEDERAL  M = SON-		
IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  NOWNERSHIP  A. NAME OF INSTALLATION (complete item VII)  S. TRANSPORTATION (complete item VII)  S. C. TREAT/STORE/DISPOSE  D. UNDERGROUND INJECTION  VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))  A. AIR  S. RAIL  S. C. HIGHWAY  A. OWNERSHIP  OTHER (specify):  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. No.  C. INSTALLATION'S EPA I.D. NO.		
NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  NAME AND TITLE (last, first, & job title)  NAME AND TITLE (last)  NAME AND	SAME TRVINE CA90714	
V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  B. TYPE OF OWNERSHIP  (enter 'the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  VII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. No.		
A. NAME OF INSTALLATION'S LEGAL OWNER  B. TYPE OF OWNERSHIP  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = OR TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  A. AIR  GENERATION  F = FEDERAL  M = OL UNDERGROUND INJECTION  GENERATION  F = FEDERAL  M = OL UNDERGROUND INJECTION  Mark "X" in the appropriate box (es))  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.		<u> </u>
C   S   H   I   P   E   Y   C   O   M   P   A   N   Y   I   N   C   .		, ,
F = FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = ST		
F = FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = S  S  C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  A. AIR S  S  S  C. HIGHWAY D. WATER S  S  C. THEAT/STORE/DISPOSE D. UNDERGROUND INJECTION  WATER S  S  C. HIGHWAY S  S  C. HIGHWAY S  S  S  C. HIGHWAY S  S  C. HIGHWAY S  S  S  C. HIGHWAY S  S  S  C. HIGHWAY S  S  S  C. HIGHWAY S  S  S  C. HIGHWAY S  S  C. HIGHWAY S  S  C. INSTALLATION'S EPA I.D. NO.	13 16  B. TYPE OF OWNERSHIP. VI TYPE OF HAZARDOUS WASTE ACTIVITY (enter "Y" in the appropriate boy/as	10
F = FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = NON-FEDERAL M = Sec. TREAT/STORE/DISPOSE  Sec. TREAT/STORE/DISPOSE  Sec. D. UNDERGROUND INJECTION  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  Sec. TREAT/STORE/DISPOSE Sec. D. UNDERGROUND INJECTION  Sec. D. UNDERGROUND INJECTION  Sec. OTHER (specify):  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.	time appropriate wetter into doxy	÷
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.	F = FEDERAL M = NON-FEDERAL M \( \times \) \	
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.	VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.	A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):	
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.		
<u> </u>	VIII. FIRST OR SUBSEQUENT NOTIFICATION	ntification
	VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification of the space provided below.	
IX. DESCRIPTION OF HAZARDOUS WASTES  Please go to the reverse of this form and provide the requested information.	VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA  A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)	

		1.0	o	FO	R	FF	ICI	AL	US	E C	)NL	Y.		
·W	C	77	D	Ø	7	3	5	8	4	3	9.	3	7/A 	1
	*											13	14	15

				1 2	12 14 15					
IX. DESCRIPTION OF HAZ	ARDOUS WASTES	continued from fro	ont)							
A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.										
1 F 0 0 2 23 - 85 7	E	3 F 0 0 4 23 - 26 9	F 0 0 5 23 - 26 10	5 F C Q 7 23 - 26 11	6 F 0 0 9 23 - 26 12					
specific industrial sources you	B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.									
13 23 - 26 19 23 - 26 25	20 20 23 - 26 26 26	23 · 26 21 23 · 26 27	23 - 26 22 23 - 26 28	23 - 26 23 - 26 23 - 26 29	23 - 26 24 23 - 26 30					
23 - 26	23 - 26	23 - 26	23 - 26							
C. COMMERCIAL CHEMICAL F stance your installation handle	RODUCT HAZARDOU	S WASTES. Enter th	e four-digit number fr	om 40 CFR Part 261.3	3 for each chemical sub-					
31 p 0 1 2 37 y 1 2 2 43 y 2 3 9	32 P 0 3 0 25 38 U 1 3 4 23 26 44	33 P 0 9 2 23 - 26 39 U 1 4 4 23 - 28 45	34 p 1 1 6 23 - 26 40 U 1 5 1 23 - 26 46	35 D 1 8 23 - 26 41 U 2 1 9 23 - 26 47	36 U 1 0 8 23 - 26 42 U 2 2 0 23 - 26 48					
D. LISTED INFECTIOUS WAST hospitals, medical and research	ES. Enter the four—diginal laboratories your instal	t number from 40 CF lation handles. Use a	R Part 261.34 for each ditional sheets if neces	listed hazardous waste sary.	from hospitals, veterinary					
49	50	51	52	53	5.4					
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)										
D001)	(D602)	CORROSIVE	∭3. REACT (D003)		X4. TOXIC					
X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
1 Made	len	Mr. Robert	C. Petersen Operations Mar	,	8/14/80					

EPA Form 8700-12 (6-80) REVERSE